3 Things Healthcare Providers Should Know About Health Insurance Reform

#1 – Ends Abusive Insurance Practices

As the people on the frontlines of our healthcare system, doctors and nurses have seen firsthand the impact of families going without insurance, children not getting the care they need, and seniors unable to pay for medications.

Insurance companies can no longer turn anyone away because of pre-existing conditions, like high blood pressure, cancer, or pregnancy. The insurer cannot charge higher rates because of someone's medical history.



And, insurance companies cannot kick someone off their plan when they get sick and need the coverage most. Before, this practice of taking away coverage when someone gets "too sick" was called rescission. It's illegal under reform, ensuring the security of insurance coverage.

#2 - Enacts Medical Malpractice Reforms to Reduce the Cost of Defensive Medicine

Reform provides millions of dollars in grant money to encourage states to adopt tort reforms. By requiring an expert to certify the validity of a lawsuit before trial (i.e. certificate of merit programs) or by encouraging settlements in lieu of expensive and drawn out courtroom battles (i.e. early offer programs), we are taking important steps to lowering this burden on doctors while protecting legitimate victims of malpractice.

Finding alternatives to traditional – and expensive – medical liability lawsuits lowers healthcare costs and ensures doctors can afford to practice medicine and take care of patients. Reform does not go as far in this area as some might like to see. However, states retain the ability to implement whatever tort reforms they see fit, including caps on damages, as over half of states have already done.

#3 - Protects Doctor-Patient Relationships

Reform assures that healthcare decisions are made by patients, their families and their physicians – not insurance companies and not the government. Providers entered the field of medicine to heal people – not to haggle with insurance companies, or to be bean counters or paper pushers. Under reform, insurers can't deny people coverage. They can't kick a patient off their plan. And, insurers can't put arbitrary caps on annual and lifetime benefits that prevented people from getting the care or medications their doctor prescribed.

Endorsed by:

American Medical Assoc., American Hospital Assoc., Federation of American Hospitals